

Appendix 18

Prior Authorization “J” Code Attachment (PA/JCA) Completion Instructions

Carefully complete the Prior Authorization “J” Code Attachment (PA/JCA), attach it to the Prior Authorization Request Form (PA/RF), and submit it to the following address:

Wisconsin Medicaid
Prior Authorization
Suite 88
6406 Bridge Rd
Madison WI 53784-0088

Providers also have the option of submitting PA requests by fax at (608) 221-8616. Refer to Appendix 22 of this section for more information about faxing PA requests. Providers may get their questions answered about completing PA requests by calling Provider Services at (800) 947-9627 or (608) 221-9883. Providers may order copies of the PA/JCA by writing to Wisconsin Medicaid. Include a return address, the name of the form, and the number of copies needed. Mail the request to the following address:

Wisconsin Medicaid
Form Reorder
6406 Bridge Rd
Madison WI 53784-0003

Recipient Information:

Element 1 — Last Name

Enter the recipient’s last name. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient’s name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — First Name

Enter the recipient’s first name. Use the EVS to obtain the correct spelling of the recipient’s name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 3 — M.I.

Enter the recipient’s middle initial. Use the EVS to obtain the correct spelling of the recipient’s name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 4 — Identification Number

Enter the recipient’s 10-digit Medicaid identification number. Do not enter any other numbers or letters.

Element 5 — Age

Enter the recipient’s age in numerical form (e.g., 45, 60, 21).

Section A — Drug Order Information

Complete all of Section A.

Section B — Clinical Information

Include diagnostic information, as well as clinical information, explaining the need for the drug requested.

Use:

Any of the compendium standards may be used. If an intended use is not in the drug package insert, providers may want to check the United States Pharmacopeia Drug Information (USP-DI) for the most inclusive reference for diagnosis.

If a drug use is not listed in compendium standards, it may still be covered. Therefore, the PA/JCA must be submitted for processing and denied before the recipient is told a particular drug is not covered by Wisconsin Medicaid.

Dose:

Any of the compendium standards may be used. If a prescribed dosage is not in the drug package insert, you may want to check the USP-DI (the most inclusive reference for diagnosis).

If a drug dosage is not listed in compendium standards, it may still be covered. Therefore, the PA/JCA must be submitted for processing and denied before the recipient is told a particular drug is not covered by Wisconsin Medicaid.

Signature of Prescriber

The prescriber must review the information and sign the PA/JCA, verifying that the information is accurate to the best of his or her knowledge.

Check the appropriate box indicating how the provider would like to be notified of an approved or denied PA request. Please be sure to indicate a fax or telephone number if selecting either of these options.